

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/311,617	05/13/99	704	2741	99.294

APPLICANT

BRENT TOWNSHEND, MENLO PARK, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None, (24)

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

None, (24)

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

None, (24)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/03/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>24</u>	<u>AA/A</u>	CA	4	17	8 6

ADDRESS	<del>MCDONNELL BOEHNNEN</del> #20306 <del>HULBERT &amp; BERGHOFF</del> <del>32ND FLOOR</del> <del>300 SOUTH WACKER DRIVE</del> <del>CHICAGO IL 60606</del>
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TITLE	AUTOMATED LANGUAGE ASSESSMENT USING SPEECH RECOGNITION MODELING
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$562		